					9/13/19 9:31AM
		nation to identify your case:			
Del	btor 1	Ashley Sade Spann First Name Middle Name Last Name			
	btor 2 buse if, filing)	First Name Middle Name Last Name			
		skruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI			
	se number			_	if this is an ded filing
		<u>m 106Sum</u>			
		f Your Assets and Liabilities and Certain Statisticand accurate as possible. If two married people are filing together, both are			12/15
you	r original form	out all of your schedules first; then complete the information on this form. It is, you must fill out a new <i>Summary</i> and check the box at the top of this pararize Your Assets		ed schedu Your a	•
					f what you own
1.		<b>/B: Property</b> (Official Form 106A/B) e 55, Total real estate, from Schedule A/B		\$	150,000.00
	1b. Copy line	e 62, Total personal property, from Schedule A/B		\$	32,465.00
	1c. Copy line	e 63, Total of all property on Schedule A/B		\$	182,465.00
Par	rt 2: Summa	arize Your Liabilities			
					<b>abilities</b> t you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of F	Part 1 of <i>Schedule D</i>	\$	154,385.00
3.		F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/I	E	\$	0.00
	3b. Copy the	e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule	E/F	\$	129,022.00
			Your total liabilities	\$	283,407.00
Pai	rt 3: Summa	arize Your Income and Expenses			
4.		Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I		\$	3,358.62
5.	Schedule J: Y	Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J		\$	2,747.00
Paı	rt 4: Answer	r These Questions for Administrative and Statistical Records			
6.	•	ng for bankruptcy under Chapters 7, 11, or 13?  u have nothing to report on this part of the form. Check this box and submit this fo	orm to the court with you	ır other sch	nedules.
7.	■ Yes What kind of	f debt do you have?			
	Your de	ebts are primarily consumer debts. Consumer debts are those "incurred by an old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U		a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

Debtor 1 Ashley Sade Spann

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,859.78

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	67,948.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	67,948.00

							9/13/19 9:31A
Fill in this inf	formation to identify y	our case and th	is filinç	j:			
Debtor 1	Ashley Sade S	Spann					
Dahtar 0	First Name	Middle	Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name			
United States	Bankruptcy Court for th	se: SOLITHER	N DIST	RICT OF MISSISSIPPI			
Officed States	Bankruptcy Court for ti	ie. OOOTTIER	IN DIOT	NIOT OF MICCIOCITY			
Case number							☐ Check if this is an
							amended filing
Official F	Form 106A/B						
Schedi	ule A/B: Pro	operty					12/15
	ibe Each Residence, Buil			Estate You Own or Have an Interest In ence, building, land, or similar property?			
☐ No. Go to	Part 2.						
Ves Whe	ere is the property?						
— 103. Wile	it is the property:						
1.1			What	is the property? Check all that apply			
485 Pai	rker Dr.			Single-family home	Do not dedu	uct secured clai	ims or exemptions. Put
Street addr	ess, if available, or other descri	ption		Duplex or multi-unit building			claims on Schedule D: as Secured by Property.
				Condominium or cooperative	Crountere II	no navo olam	is cocaroa by rioperty.
				Manufactured or mobile home			
Byram	MS	39272-0000		Land	Current val entire prop		Current value of the portion you own?
City	State	ZIP Code		Investment property	\$15	0,000.00	\$150,000.00
				Timeshare	Describe th	ne nature of yo	our ownership interest
			Wha	Other	(such as fee simple, tenancy by the a life estate), if known.		incy by the entireties, or
				has an interest in the property? Check one Debtor 1 only	u mo ootate	,,,	
Hinds							
County				•	01 1	16.41.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
				-		If this is comi tructions)	munity property
				r information you wish to add about this iter	n, such as lo	cal	
			prope	erty identification number:			
2. Add the o	dollar value of the port	tion vou own fo	r all of	your entries from Part 1, including any	entries for		
				r here		=>	\$150,000.00
Part 2: Descr	ibe Your Vehicles						

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

	ars, vans, trucks, tractors, sport utilit	y vehicles, motorcycles		
	No			
_	Yes			
_	165			
3.1	<sub>Make:</sub> Nissan	Who has an interest in the property? Check one	Do not deduct secured cla	aims or exemptions. Put
3.1	A I I I	Who has an interest in the property? Check one	the amount of any secure Creditors Who Have Clain	
	Model: Altima Year: 2012	■ Debtor 1 only □ Debtor 2 only		
	Approximate mileage: 113,00		Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another	,	,,
			** ***	
		Check if this is community property (see instructions)	\$9,000.00	\$9,000.00
3.2	Make: <b>Honda</b>	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model: Accord	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year: <b>2009</b>	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 230,00		entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
		Check if this is community property (see instructions)	\$2,500.00	\$2,500.00
3.3	Make: <b>Dodge</b>	Who has an interact in the preparty? Observer	Do not deduct secured cla	aims or exemptions. Put
3.3	Charman	Who has an interest in the property? Check one	the amount of any secure	d claims on Schedule D:
	Model: Charger Year: 2015	Debtor 1 only	Creditors Who Have Clair	
	Approximate mileage: 60,00	☐ Debtor 2 only  Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another	ontilo proporty.	portion you own.
		☐ Check if this is community property	\$16,765.00	\$16,765.00
		(see instructions)		
Ex ■	vamples: Boats, trailers, motors, persona No Yes	s and other recreational vehicles, other vehicles, an all watercraft, fishing vessels, snowmobiles, motorcycle and watercraft fishing vessels, snowmobiles, motorcycle and watercraft, fishing vessels, snowmobiles, fishing vessels, snowmobiles, fishing vessels, which was all the properties and the source of the control of the properties and the source of the control of the c	accessories	
Ex □ □ 5 A .p.	No Yes  Add the dollar value of the portion you ages you have attached for Part 2. W	al watercraft, fishing vessels, snowmobiles, motorcycle and the state of the state	accessories ny entries for	\$28,265.00
Ex  S A .p.	No Yes  Add the dollar value of the portion you ages you have attached for Part 2. W  3: Describe Your Personal and Househouse	al watercraft, fishing vessels, snowmobiles, motorcycle and the state of the state	ny entries for	Current value of the portion you own?
Ex  □  □  5 A .p  Part Do y	No Yes  Add the dollar value of the portion you ages you have attached for Part 2. W  3: Describe Your Personal and Househo you own or have any legal or equitable ousehold goods and furnishings examples: Major appliances, furniture, ling No	al watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an arite that number here	ny entries for	Current value of the portion you own?
Ex  5 A .p.  Part  Do y	No Yes  Add the dollar value of the portion you ages you have attached for Part 2. W  3: Describe Your Personal and Househo you own or have any legal or equitable ousehold goods and furnishings examples: Major appliances, furniture, line	al watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an arite that number here	ny entries for	Current value of the portion you own?
Ex  5 A p  Part Do y	No Yes  Add the dollar value of the portion you ages you have attached for Part 2. W  3: Describe Your Personal and Household own or have any legal or equitable ousehold goods and furnishings examples: Major appliances, furniture, lind No Yes. Describe	al watercraft, fishing vessels, snowmobiles, motorcycle and own for all of your entries from Part 2, including an arite that number here	ny entries for	Current value of the portion you own?

19-03260-NPO Dkt 3 Filed 09/13/19 Entered 09/13/19 09:32:38 Page 5 of 57 9/13/19 9:31AM Debtor 1 **Ashley Sade Spann** Case number (if known) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... \$500.00 TVs and other electronics 55" Vizio Smart TV, 50" LG Smart TV, Amazon Tablet; 2 x 55" \$500.00 Sony Flat Screens, 2 x PlayStation 4s, XboxOne 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$300.00 Clothing and shoes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$300.00 Miscellaneous jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,100.00 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 3

# 19-03260-NPO Dkt 3 Filed 09/13/19 Entered 09/13/19 09:32:38 Page 6 of 57

De	ebtor 1	Ashley Sac	le Spanr	1		Case number (if known)	9/13/19 9:31AM
16.	□ No ·		•		nome, in a safe deposit l	pox, and on hand when you file your petit	ion
						Cash	\$100.00
					counts; certificates of de	posit; shares in credit unions, brokerage on, list each.	houses, and other similar
	Yes				Institution name	2:	
			17.1.	Prepaid card	Prepaid Ban	k Card with PayPal	\$0.00
18.				cly traded stocks	rokerage firms, money r	narket accounts	
	■ No		o, 111400um	Institution or issue		namor accounte	
19.	Non-pu joint v ■ No	ublicly traded senture	nformation	about them	· · · · · · · · · · · · · · · · · · ·	orated businesses, including an intere	st in an LLC, partnership, and
	Negoti Non-ne ■ No	iable instrumen	porate bo ts include ments are	personal checks, ca those you cannot to		% of ownership:  ciable instruments cory notes, and money orders. igning or delivering them.	
21.	Exam <sub>l</sub> ■ No	ment or pension of the second	n IRA, ERI	SA, Keogh, 401(k),	403(b), thrift savings ac	counts, or other pension or profit-sharing	plans
			Type	of account:	Institution name	9:	
22.	Your s		ed deposi	ts you have made s		e service or use from a company gas, water), telecommunications compa	nies, or others
					Institution name	e or individual:	
	■ No	•	·	, ,	ney to you, either for life	or for a number of years)	
	☐ Yes			ne and description.			
	26 U.S.	ts in an educat C. §§ 530(b)(1)	t <b>ion IRA, i</b> , 529A(b),	n an account in a a and 529(b)(1).	qualified ABLE progra	m, or under a qualified state tuition pr	ogram.
	☐ Yes	l	Institution	name and description	on. Separately file the re	ecords of any interests.11 U.S.C. § 521(c)	):
25.	Trusts	, equitable or f	uture inte	rests in property (	other than anything lis	sted in line 1), and rights or powers ex	ercisable for your benefit
		Give specific in	nformation	about them			
26.					and other intellectual p eeds from royalties and l		

Official Form 106A/B Schedule A/B: Property page 4

# 19-03260-NPO Dkt 3 Filed 09/13/19 Entered 09/13/19 09:32:38 Page 7 of 57 Ashley Sade Spann Case number (if known)

De	btor 1	Ashley Sade Spann		Case number (if known)	
ı	☐ Yes.	Give specific information about	them		
		es, franchises, and other gene les: Building permits, exclusive l	ral intangibles icenses, cooperative association holdings, liqu	uor licenses, professional license	s
		Give specific information about	them		
Мо	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No	unds owed to you  Give specific information about t	hem, including whether you already filed the re	eturns and the tax years	
			Future Tax Returns	Federal	Unknown
			Future EIC refunds	EIC	Unknown
			Future State Refunds		Unknown
	■ No □ Yes.  Other a	Give specific information	ny, spousal support, child support, maintenan		
	■ No	benefits; unpaid loans you r	urance payments, disability benefits, sick pay, nade to someone else	vacation pay, workers compens	salion, Social Security
	Interes	ts in insurance policies	rance; health savings account (HSA); credit, h	nomeowner's, or renter's insuranc	ce
	■ No □ Yes.	Name the insurance company of Company		eneficiary:	Surrender or refund value:
	If you a		ou from someone who has died t, expect proceeds from a life insurance policy	, or are currently entitled to recei	ve property because
	■ No □ Yes.	Give specific information			
	Examp		or not you have filed a lawsuit or made a dutes, insurance claims, or rights to sue	lemand for payment	
	■ No □ Yes.	Describe each claim			
		contingent and unliquidated cl	aims of every nature, including counterclai	ms of the debtor and rights to	set off claims
	■ No □ Yes.	Describe each claim			

Official Form 106A/B Schedule A/B: Property page 5

#### 19-03260-NPO Dkt 3 Filed 09/13/19 Entered 09/13/19 09:32:38 Page 8 of 57

9/13/19 9:31AM Debtor 1 **Ashley Sade Spann** Case number (if known) 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$100.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6 If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$150,000.00 Part 2: Total vehicles, line 5 \$28,265.00 57. Part 3: Total personal and household items, line 15 \$4,100.00 58. Part 4: Total financial assets, line 36 \$100.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$32,465.00 Copy personal property total \$32,465.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$182,465.00

nation to identify your	case:			
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
nkruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
				Check if this is an amended filing
	Ashley Sade Spar First Name	First Name Middle Name	Ashley Sade Spann  First Name Middle Name Last Name  First Name Middle Name Last Name	Ashley Sade Spann  First Name Middle Name Last Name  First Name Middle Name Last Name  Akruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own			Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$150,000.00		\$28,964.00	Miss. Code Ann. § 85-3-21
		100% of fair market value, up to any applicable statutory limit	
\$9,000.00		\$0.00	Miss. Code Ann. § 85-3-1(a)
		100% of fair market value, up to any applicable statutory limit	
\$2,500.00		\$0.00	Miss. Code Ann. § 85-3-1(a)
		100% of fair market value, up to any applicable statutory limit	
\$2,500.00		\$2,500.00	Miss. Code Ann. § 85-3-1(a)
		100% of fair market value, up to any applicable statutory limit	
\$500.00		\$500.00	Miss. Code Ann. § 85-3-1(a)
		100% of fair market value, up to any applicable statutory limit	
	\$150,000.00 \$150,000.00 \$9,000.00 \$2,500.00	\$150,000.00	Copy the value from Schedule A/B  \$150,000.00  \$28,964.00  □ 100% of fair market value, up to any applicable statutory limit  \$2,500.00  □ 100% of fair market value, up to any applicable statutory limit  \$2,500.00  □ 100% of fair market value, up to any applicable statutory limit  \$2,500.00  □ 100% of fair market value, up to any applicable statutory limit  \$2,500.00  □ 100% of fair market value, up to any applicable statutory limit  \$2,500.00  □ 100% of fair market value, up to any applicable statutory limit

tor 1 Ashley Sade Spann			Case number (if known)	<u></u>
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
55" Vizio Smart TV, 50" LG Smart TV, Amazon Tablet; 2 x 55" Sony Flat	\$500.00	•	\$500.00	Miss. Code Ann. § 85-3-1(a
Screens, 2 x PlayStation 4s, XboxOne Line from Schedule A/B: 7.2			100% of fair market value, up to any applicable statutory limit	
Clothing and shoes Line from Schedule A/B: 11.1	\$300.00		\$500.00	Miss. Code Ann. § 85-3-1(a
Line nom Schedule A/D. 11.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous jewelry Line from Schedule A/B: 12.1	\$300.00		\$200.00	Miss. Code Ann. § 85-3-1(a
Ellie Holli Genedale 74 B. 12.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from <i>Schedule A/B</i> : <b>16.1</b>	\$100.00		\$100.00	Miss. Code Ann. § 85-3-1(a
Line Holli Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
Federal: Future Tax Returns Line from Schedule A/B: 28.1	Unknown			Miss. Code Ann. § 85-3-1(j)
Line nom <i>Schedule Arb.</i> 20.1		-	100% of fair market value, up to any applicable statutory limit	
EIC: Future EIC refunds Line from Schedule A/B: 28.2	Unknown		\$0.00	Miss. Code Ann. § 85-3-1(i)
Ellie Holli Geriedale 74 B. 20.2			100% of fair market value, up to any applicable statutory limit	
Future State Refunds Line from Schedule A/B: 28.3	Unknown			Miss. Code Ann. § 85-3-1(k
Line Holli Schedule A/B. 20.0		•	100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 ■ No			led on or after the date of adjustmer	nt.)
<ul><li>☐ Yes. Did you acquire the property covere</li><li>☐ No</li></ul>	d by the exemption wi	thin 1	,215 days before you filed this case'	?

					9/13/19 9:31AN
Fill in this infor	mation to identify you	ır case:			
Debtor 1	Ashley Sade Sp	pann			
	First Name	Middle Name Last Name			
Debtor 2					
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Ba	ankruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI			
Case number					
(if known)				☐ Check	if this is an
				_	ded filing
Official For	m 106D			<b>-</b>	
		Who Have Claims Secured	by Propert	у	12/15
	ne Additional Page, fill it	If two married people are filing together, both are equout, number the entries, and attach it to this form. On			
1. Do any creditor	s have claims secured by	y your property?			
☐ No. Chec	ck this box and submit t	his form to the court with your other schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill i	in all of the information	below.	ŭ	·	
Part 1: List A	All Secured Claims				
2. List all secured	d claims. If a creditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If i	more than one creditor has	s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible,	list the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Credit Ad	cceptance Corp	Describe the property that secures the claim:	\$16,762.00	\$16,765.00	\$0.00
Creditor's Nar	ne	2015 Dodge Charger 60,000 miles			
Po Box 5	513	As of the date you file, the claim is: Check all that apply.			
Southfiel	ld, MI 48037	Contingent			
Number, Stree	et, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or secu	ured		
Debtor 2 only		car loan)			
Debtor 1 and D	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of	the debtors and another	☐ Judgment lien from a lawsuit			
Check if this community d		Other (including a right to offset)  Purchase M	loney Security		
	Opened				
	06/18 Last				
Date debt was inc	Active curred 7/30/19	Last 4 digits of account number 2518			
- 410 4051 1143 1111					

Debtor 1 Ashley Sad	e Spann		Са	ise number (if known)		
First Name	Middle Na	ame Last Name	_	` ′ –		
2.2 Family Choice I	inancia	Describe the property that secures		\$2,624.00	\$500.00	\$2,124.00
Creditor's Name		55" Vizio Smart TV, 50" LG				
		TV, Amazon Tablet; 2 x 55"				
	_	Flat Screens, 2 x PlayStation XboxOne	1 45,			
3208 Service Dr	rive	As of the date you file, the claim is:	Check all that			
Ste. E	,	apply.				
Pearl, MS 39208		Contingent				
Number, Street, City, Sta	te & Zip Code	Unliquidated				
Who owes the debt? Che	ack one	☐ Disputed  Nature of lien. Check all that apply.				
_	eck one.			l		
Debtor 1 only		An agreement you made (such as car loan)	mortgage or secu	rea		
Debtor 2 only		_				
Debtor 1 and Debtor 2 of		☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the debto		☐ Judgment lien from a lawsuit				
Check if this claim rela	ites to a	Other (including a right to offset)	Non-Purcha	se Money Security		
Date debt was incurred		Last 4 digits of account num	ber 1312			
2.3 First Franklin F	inanci	Describe the property that secures		\$4,400.00	\$2,500.00	\$1,900.00
Creditor's Name		2009 Honda Accord 230,000	miles			
04711 00 5		As of the date you file, the claim is:				
317 Hwy 80 Eas		apply.				
Clinton, MS 390	-	Contingent				
Number, Street, City, Sta	te & Zip Code	Unliquidated				
Who awas the dahta Ob		Disputed				
Who owes the debt? Che	eck one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as car loan)	mortgage or secu	red		
Debtor 2 only		—				
Debtor 1 and Debtor 2 of	only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the debto		☐ Judgment lien from a lawsuit				
Check if this claim rela	ates to a	Other (including a right to offset)	Purchase Mo	oney Security		
Date debt was incurred		Last 4 digits of account num	ber <u>6127</u>			
2.4 Gm Financial		Describe the property that secures	the eleim:	\$9,563.00	\$9,000.00	\$563.00
Creditor's Name				ψ3,303.00	ψ3,000.00	φ303.00
		2012 Nissan Altima 113,000	IIIIes			
Po Box 181145		As of the date you file, the claim is:	Check all that			
Arlington, TX 70	6096	apply.  Contingent				
Number, Street, City, Sta		☐ Unliquidated				
,,,		☐ Disputed				
Who owes the debt? Che	eck one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as	mortgage or secu	red		
Debtor 2 only		car loan)	.55. 2. 2300.			
Debtor 1 and Debtor 2 of	noly	☐ Statutory lien (such as tax lien, me	chanic's lien)			
☐ At least one of the debto		☐ Judgment lien from a lawsuit	onanios iicil)			
☐ Check if this claim rela		Other (including a right to offset)	Purchase Me	oney Security		
community debt		Other (including a right to offset)	3.1.2.00 III			
	Opened					
	05/15 Last					
	Active					
Date debt was incurred	8/31/19	Last 4 digits of account num	ber 4831			

Debtor 1 Ashley Sa	de Spann			Case number (if known)				
First Name	Middle N	Name Last Name						
2.5 Usda Rural De	evelopment	Describe the property that secures the	ie claim:	\$121,036.00	\$150,000.00	\$0.00		
Creditor's Name	· ·	485 Parker Dr. Byram, MS 39 Hinds County	272					
P.o. Box 66889 Saint Louis, M	-	As of the date you file, the claim is: C apply.  Contingent	heck all that					
Number, Street, City, S	State & Zip Code	☐ Unliquidated						
Who owes the debt?	Check one.	☐ Disputed  Nature of lien. Check all that apply.						
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as m car loan)	ortgage or se	ecured				
Debtor 1 and Debtor 2	? only	☐ Statutory lien (such as tax lien, mechanic's lien)						
☐ At least one of the deb	otors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim re community debt	elates to a	Other (including a right to offset) Mortgage						
Date debt was incurred	Opened 07/11 Last Active 7/03/19	Last 4 digits of account numb	er <u>3655</u>					
Add the dollar value of	f your entries in C	Column A on this page. Write that numb	er here:	\$154,385.	00			
If this is the last page Write that number here	•	the dollar value totals from all pages.		\$154,385.	00			

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

					9/13/19 9:31AM
Fill in this infor	rmation to identify you	r case:			
Debtor 1	Ashley Sade Spa	ann			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT O	F MISSISSIPPI		
Casa numbar					
(if known)					heck if this is an mended filing
Official For		Who Have Unsecur	ed Claims		12/15
Schedule G: Exec Schedule D: Cred left. Attach the Co name and case nu	utory Contracts and Unex itors Who Have Claims Se ontinuation Page to this pa	opired Leases (Official Form 106 scured by Property. If more spaceage. If you have no information to	Iso list executory contracts on S G). Do not include any creditors is is needed, copy the Part you n to report in a Part, do not file tha	with partially secured claims need, fill it out, number the ent	that are listed in tries in the boxes on the
1. Do any credi	tors have priority unsecur	red claims against you?			
■ No. Go to	Part 2.				
☐ Yes.					
	All of Your NONPRIORI				
3. Do any credi	tors have nonpriority unse	ecured claims against you?			
☐ No. You h	ave nothing to report in this	part. Submit this form to the court	with your other schedules.		
Yes.					
unsecured cla	aim, list the creditor separate	ely for each claim. For each claim	of the creditor who holds each c listed, identify what type of claim it you have more than three nonprior	is. Do not list claims already inc	luded in Part 1. If more
					Total claim
4.1 Armsti	rong & Associates	Last 4 digits of	f account number 5643		\$170.00
•	ity Creditor's Name  ox 1787	When was the	debt incurred?		
_	e, AL 36633	When was the			-
Number	Street City State Zip Code	As of the date	you file, the claim is: Check all th	at apply	
Who inc	urred the debt? Check one	9.			
Debto	or 1 only	☐ Contingent			
☐ Debto	or 2 only	☐ Unliquidated	1		
☐ Debto	or 1 and Debtor 2 only	☐ Disputed			
☐ At lea	ast one of the debtors and a		RIORITY unsecured claim:		
	k if this claim is for a con	•	•		
debt	aim subject to offset?	☐ Obligations are priority	arising out of a separation agreement	ent or divorce that you did not	
■ No	000,000 10 011361 1	<u>-</u> · · ·	nsion or profit-sharing plans, and o	ther similar debts	
☐ Yes		•	ify Collection Account		
∟ res		Other. Spec	Ty Soliection Account		-

Debtor	1 Ashley Sade Spann	Case number (if known)	
4.2	AT&T Wireless Nonpriority Creditor's Name	Last 4 digits of account number	\$365.00
	Diversified Consultant PO Box 551268	When was the debt incurred?	
	Jacksonville, FL 32255  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Avail Blue Loan Nonpriority Creditor's Name	Last 4 digits of account number	\$3,500.00
	PO Box 12	When was the debt incurred?	
	Lac Du Flambeau, WI 54538  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, ,	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4	Baptist Medical	Last 4 digits of account number	\$2,434.00
	Nonpriority Creditor's Name c/o Healthcare Fin. P.O. Box 589	When was the debt incurred?	
	Norcross, GA 30091-0589 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify	

Debtor	1 Ashley Sade Spann	Case number (if known)			
4.5	Baptist Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	\$1,421.00		
	MS Physicians PO Box 731584 Dallas, TX 75373	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
4.6	Big Picture Loans	Last 4 digits of account number	\$3,000.00		
	Nonpriority Creditor's Name E23970 Pow Wow Trail Watersmeet, MI 49969	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
4.7	CashNetUSA	Last 4 digits of account number	\$1,051.00		
	Nonpriority Creditor's Name P.O. Box 206739	When was the debt incurred?	Ψ.,σσσσ		
	Dallas, TX 75320  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	Continued.			
		☐ Contingent			
	Debtor 2 only	☐ Unliquidated ☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:			
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans			
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify			

Debtor	1 Ashley Sade Spann	Case number (if known)	
4.8	Check into Cash of MS Nonpriority Creditor's Name	Last 4 digits of account number	\$2,000.00
	4869 HWY 18 West Jackson, MS 39209	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.9	Commonwealth Financial	Last 4 digits of account number 01N1	\$524.00
	Nonpriority Creditor's Name 245 Main Street Scranton, PA 18519	When was the debt incurred? Opened 07/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection Attorney Mississippi Emer Physician Svc	
4.1	Community Choice	Last 4 digits of account number	\$540.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	Financial P.O. Box 3544	When was the debt incurred?	
	Dublin, OH 43016	_	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Check Cashing Loan	
		· · ·	

Debto	Ashley Sade Spann		Case number (if known)		
4.1	Dba Paragon Revenue Gr	Last 4 digits of account number	5064	\$173.00	
1	Nonpriority Creditor's Name P O Box 127	When was the debt incurred?	Opened 03/18	<b>4170.00</b>	
	Concord, NC 28026  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	□ Yes	Other. Specify Collection	Attorney Merit Health Central		
4.1	Dba Paragon Revenue Gr	Last 4 digits of account number	5063	\$173.00	
	Nonpriority Creditor's Name P O Box 127 Concord, NC 28026	When was the debt incurred?	Opened 03/18		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Collection	Attorney Merit Health Central		
4.1	Dba Paragon Revenue Gr	Last 4 digits of account number	7024	\$160.00	
3	Nonpriority Creditor's Name			<b>V.00.00</b>	
	P O Box 127	When was the debt incurred?	Opened 06/18		
	Concord, NC 28026  Number Street City State Zip Code	As of the date you file, the claim i			
	Who incurred the debt? Check one.	As of the date you me, the claim	3. Oneon all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	Other. Specify Collection	Attorney Merit Health River Oaks		

Debtor 1 Ashley Sade Spann		Case number (if known)		
4.1 4	Express Check Adv	Last 4 digits of account number	\$1,200.00	
4	Nonpriority Creditor's Name 5047 Hwy 80 E #A Pearl, MS 39208	When was the debt incurred?	Ψ1,200.00	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.1 5	EZ Cash/ Cash Cow	Last 4 digits of account number	\$488.00	
	Nonpriority Creditor's Name 2241 US 80 Jackson, MS 39204	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify		
4.1	First Loan	Last 4 digits of account number	\$3,500.00	
6	Nonpriority Creditor's Name		Ψο,σσοίσσ	
	PO Box 1536	When was the debt incurred?		
	Lower Lake, CA 95457	As of the date year file, the plains in Chapter III that apply		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify		

Ashley Sade Spann	Case number (if known)	
5 0 H d 0 d		04.40.00
Fox Collection Center	Last 4 digits of account number	\$140.00
Nonpriority Creditor's Name for Jxn Anesthesia P.O. Box 528	When was the debt incurred?	
Goodlettsvill, TN 37070  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection Account	
Fsnb,na	Last 4 digits of account number 4185	\$298.0
Nonpriority Creditor's Name	_ <u> </u>	<u> </u>
511 Sw A Ave Lawton, OK 73501	When was the debt incurred? Opened 07/17	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Deposit Related	
Orașieie Orași Orașiere		<b>↑704.0</b>
Genisis Card Services  Nonpriority Creditor's Name	Last 4 digits of account number	\$721.0
Cuzco Capital 2124 NE 123 St, #206	When was the debt incurred?	
Miami, FL 33181  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam is. Oneth an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	

labarat asa			AA 4A- 4
Inbox Loan Nonpriority Creditor's Name	Last 4 digits of account number		\$3,487.
P.O. Box 881	When was the debt incurred?		
Santa Rosa, CA 95402	_		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Later.	
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans		
debt Is the claim subject to offset?	<ul><li>Obligations arising out of a sepa report as priority claims</li></ul>	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify		
Jpfce Fcu	Last 4 digits of account number	058G	\$3,143.
Nonpriority Creditor's Name			. ,
	When was the debt incurred?	Opened 8/13/18 Last Active 1/30/19	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Unsecured	·	
Jpfce Fcu	Last 4 digits of account number	058H	\$1,278.
Nonpriority Creditor's Name			¥ -,=
	When was the debt incurred?	Opened 10/08/18 Last Active 4/29/19	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Unsecured		

or 1 Ashley Sade Spann	Case number (if known)	
Lvnv Funding Llc	Last 4 digits of account number 4213	\$715.00
C/o Resurgent Capital Services	When was the debt incurred? Opened 04/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	Contingent	
Debtor 2 only		
	_ `	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Fingerhut Factoring Company Account Webbank  Fingerhut	
Mendelson Law Firm	Last 4 digits of account number	\$982.00
Nonpriority Creditor's Name for Merit Health P.O. Box 17235	When was the debt incurred?	
Memphis, TN 38187-0235  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Contingent	
Debtor 2 only		
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collection Account	
Merit Health	Last 4 digits of account number	\$876.00
River Oaks P.O. Box 188	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No		
Yes	■ Other. Specify Medical Debt	
	Lvnv Funding Lic  Nonpriority Creditor's Name C/o Resurgent Capital Services Greenville, SC 29602  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Mendelson Law Firm Nonpriority Creditor's Name for Merit Health P.O. Box 17235 Memphis, TN 38187-0235  Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Merit Health Nonpriority Creditor's Name River Oaks P.O. Box 188 Brentwood, TN 37024-0188  Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? About 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No	Lunv Funding Lic Nonpriority Creditor's Name C/o Resurgent Capital Services Greenville, SC 29602 Number Street City State 2p Code Who Incurred the debt? Check one.    Debtor 1 only

1 Ashley Sade Spann	Case number (if known)		
Merit Health		\$106.0	
Nonpriority Creditor's Name	Last 4 digits of account number	\$100.0	
River Oaks	When was the debt incurred?		
P.O. Box 188			
Brentwood, TN 37024-0188	_ , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts		
Yes	■ Other. Specify Medical Debt		
Midland Credit Mgmt	Local Addinate of account number	\$763.	
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ105.	
PO Box 301030	When was the debt incurred?		
Los Angeles, CA 90030			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
_	_		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a separation agreement or divorce that you did not		
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify Collection Account		
Minute Loan Center	Last 4 digits of account number	\$700.	
Nonpriority Creditor's Name			
Easy Money Group	When was the debt incurred?		
2528 Hwy 80 E #A&B Pearl, MS 39208			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
- Check ii tilis Claim is for a Community	☐ Obligations arising out of a separation agreement or divorce that you did not		
debt Is the claim subject to offset?	report as priority claims		
debt Is the claim subject to offset?  ■ No			

1 Ashley Sade Spann	Case number (if known)	
Mississippi Title Loan	Last 4 digits of account number 1600	\$490.0
Nonpriority Creditor's Name 2260 US-80	When was the debt incurred?	<b>V</b> 10010
Pearl, MS 39208  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam'ris. Oneon an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Money Man	Last 4 digits of account number	\$490.0
Nonpriority Creditor's Name 2536 HWY 80 E	When was the debt incurred?	· ·
Pearl, MS 39208 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
MS Emergency Phys Svcs	Last 4 digits of account number	\$260.0
Nonpriority Creditor's Name P.O. Box 731216 Dallas, TX 75373	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Medical Debt	

1 Ashley Sade Spann		Case number (if known)	
Nwide Recvry	Last 4 digits of account number	9324	\$204.0
Nonpriority Creditor's Name 3000 Kellway Dr	When was the debt incurred?	Opened 7/03/19	
Carrollton, TX 75006  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	7.0 0 , 0	191 Shook all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Mississipp	i Emer Physician S	
Nwide Recvry	Last 4 digits of account number	2955	\$173.0
Nonpriority Creditor's Name 3000 Kellway Dr Carrollton, TX 75006	When was the debt incurred?	Opened 7/03/19	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Mississipp	i Emer Physician S	
Parnell & Parnell	Last 4 digits of account number		\$500.0
Nonpriority Creditor's Name for Plaza Services P.O. Box 2189	When was the debt incurred?		
Montgomery, AL 36102-2189			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify		

Ashley Sade Spann Case number (if known)			
Pendrick Capital Partn	Last 4 digits of account number		\$378.0
Nonpriority Creditor's Name PO Box 361450	When was the debt incurred?		Ψ01010
Indianapolis, IN 46236  Number Street City State Zip Code	As of the date you file, the claim	ig. Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	із. Спеск ан шасарріу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify		
Phoenix Financial Serv	Last 4 digits of account number	6626	\$461.0
Nonpriority Creditor's Name		0	
8902 Otis Ave Indianapolis, IN 46216	When was the debt incurred?	Opened 04/19	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-shari	ag plans, and other similar debte	
■ No		Attorney Capital Emergency	
Yes	Other. Specify Physicians	S Capital Enlergency	
Phoenix Financial Serv	Last 4 digits of account number	6624	\$426.0
Nonpriority Creditor's Name		0	
8902 Otis Ave Indianapolis, IN 46216	When was the debt incurred?	Opened 04/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-shari		
		Attorney Capital Emergency	
□Yes	Other. Specify Physicians		

Debto	r 1 Ashley Sade Spann		Case number (if known)			
4.3 8	Phoenix Financial Serv  Nonpriority Creditor's Name	Last 4 digits of account number	6625	\$83.00		
	8902 Otis Ave	When was the debt incurred?	Opened 04/19			
	Indianapolis, IN 46216	_				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	☐ Yes	Other. Specify  Collection Physicians	Attorney Capital Emergency			
4.3 9	Portfolio Recov Assoc	Last 4 digits of account number	4658	\$867.00		
	Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502	When was the debt incurred?	Opened 09/18			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	$\square$ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	■ Other. Specify Bank Usa N	Company Account Capital One N.A.			
4.4	Portfolio Recov Assoc	Last 4 digits of account number	5236	\$790.00		
	Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502	When was the debt incurred?	Opened 09/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Factoring Company Account Capital One Bank Usa N.A.				

Ashley Sade Spann Case number (if known)				
S&s Recovery	Last 4 digits of account number 2690	\$9,916.0		
Nonpriority Creditor's Name P.o. Box 34787	When was the debt incurred? Opened 3/12/19			
Memphis, TN 38184  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
Debtor 1 only	Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:			
At least one of the debtors and another	Student loans			
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot		
■ No	Debts to pension or profit-sharing plans, and other similar debts			
□ Yes	■ Other Specify 07 Mississippi College A R Reass	<u> </u>		
Schumamacher Clinical	Last 4 digits of account number	\$525.0		
Nonpriority Creditor's Name	<del></del>			
Partners PO Box 1312	When was the debt incurred?			
Toledo, OH 43603				
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot		
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts			
Yes	Other. Specify			
Smith Rouchn	Last 4 digits of account number 6862	\$231.0		
Nonpriority Creditor's Name 1456 Ellis Ave Jackson, MS 39204	When was the debt incurred? Opened 2/13/17			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt	Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims			
No	☐ Debts to pension or profit-sharing plans, and other similar debts			
Yes	■ Other. Specify Jackson Radiology Assoc			

Debto	Or 1 Ashley Sade Spann Case number (if known)						
4.4	Smith Rouchn	Last 4 digits of account number 2747	\$227.00				
1	Nonpriority Creditor's Name  1456 Ellis Ave	Last 4 digits of account number 2/4/ When was the debt incurred? Opened 5/02/18	Ψ221.00				
	Jackson, MS 39204						
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other Specify The Newborn Associates					
1.4	Southern Financial	Last 4 digits of account number	\$327.00				
	Nonpriority Creditor's Name		<u>-</u>				
	Collections PO Box 15203	When was the debt incurred?					
	Hattiesburg, MS 39404  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					
.4	Speedy Cash	Last 4 digits of account number 0010	\$3,000.00				
	Nonpriority Creditor's Name 3021 Hwy 80 East	When was the debt incurred?					
	Pearl, MS 39208  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the dam is. Offeck an that apply					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Check Cashing Loan					

Debto	Ashley Sade Spann	Case number (if known)				
1.4						
7	St. Dominic Hospital	Last 4 digits of account number	\$180.00			
	Nonpriority Creditor's Name c/o Advanced Recov Sys	When was the debt incurred?				
	PO Box 321472	When was the destiniculted:				
	Flowood, MS 39232					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Collection				
.4	UMMC	Last 4 digits of account number	\$855.00			
	Nonpriority Creditor's Name		<del> </del>			
	504 Clinton Center Dr.	When was the debt incurred?				
	Suite 4300					
	Clinton, MS 39056  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	_	_ `				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt					
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Debt				
.4						
	UMMC	Last 4 digits of account number	\$532.00			
	Nonpriority Creditor's Name 504 Clinton Center Dr.	When was the debt incurred?				
	Suite 4300					
	Clinton, MS 39056	_				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another					
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes ☐ Other. Specify Medical Debt					

tor 1 Ashley Sade Spann						
иммс	Last 4 digits of account number		\$1,241.00			
Nonpriority Creditor's Name 504 Clinton Center Dr. Suite 4300	When was the debt incurred?		ψ1, <b>2</b> -1100			
Clinton, MS 39056  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
Debtor 1 only	Continuent					
☐ Debtor 2 only	☐ Contingent ☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims	,				
No	Debts to pension or profit-sharing	ng plans, and other similar debts				
Yes	Other. Specify Medical De	<u>bt</u>				
Us Bk Rms Cc	Last 4 digits of account number	6008	\$3,571.00			
Nonpriority Creditor's Name	_	Opened 04/12 Last Active				
Po Box 108 Saint Louis, MO 63166	When was the debt incurred?	Opened 04/12 Last Active 7/05/16				
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
☐ Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community debt	☐ Student loans					
Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharin					
Yes	Other. Specify Credit Card	<u>1</u>				
Us Dept Of Ed/glelsi	Local Adigita of account number	8581	\$60,685.00			
Nonpriority Creditor's Name	Last 4 digits of account number		Ψου,σοσίσι			
2401 International Lane Madison, WI 53704	When was the debt incurred?	Opened 09/10 Last Active 7/31/19				
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure					
☐ Check if this claim is for a community	Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
■ No	□ Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	☐ Other. Specify					
103	Educationa					

Debtor	1 Ashley Sade Spann	Case number (if known)				
4.5	Us Dept Of Ed/glelsi Nonpriority Creditor's Name	Last 4 digits of account number	7577	\$3,840.00		
	2401 International Lane Madison, WI 53704	When was the debt incurred?	Opened 09/09 Last Active 7/31/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	and an analysis and a second			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
		Educationa	ll			
4.5	Us Dept Of Ed/glelsi Nonpriority Creditor's Name	Last 4 digits of account number	9577	\$3,423.00		
	2401 International Lane Madison, WI 53704	When was the debt incurred?	Opened 02/09 Last Active 6/06/11			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	L. L. C.			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
		Educationa	<u> </u>			
4.5 5	Wakefield & Associates Nonpriority Creditor's Name	Last 4 digits of account number	9099	\$1,439.00		
	Po Box 50250 Knoxville, TN 37950	When was the debt incurred?	Opened 08/18			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharin				
	□ Yes		Attorney Pafford Emergency			
		ivieuicai se				

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Ashley Sade Spann		Case number (if known)		
have more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out		ne additional creditors here. If you do not have additional persons to be		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?		
Brent D. Stamps	Line <b>4.50</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims		
P.O. Box 2387 Norcross, GA 30010-0658		Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
US Attorney	Line 4.52 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
for Dept of Ed 501 E Court, Ste 4.430 Jackson, MS 39201		■ Part 2: Creditors with Nonpriority Unsecured Claims		
,	Last 4 digits of account number			

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
T. ( )	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 67,948.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		
IIOIII Fait 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 61,074.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 129,022.00

Fill in this infor				
Debtor 1	Ashley Sade Spa	nn		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number				
(if known)				Check if this is an amended filing

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1		,	, , . , ,		
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4	•				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

					9/13/19 9:31AN
Fill in this	information to identify your	case:			
Debtor 1	Ashley Sade Spa				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case numl	ber				
(if known)					☐ Check if this is an amended filing
					amended ming
Officia	l Form 106H				
Sched	lule H: Your Cod	lebtors			12/15
ill it out, a our name		boxes on the left. Attach ). Answer every question	the Additional Page :	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
_	,		·		
■ No □ Yes	3				
Arizon  No.	hin the last 8 years, have yo a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		ty states and territories include
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed the	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D. lin	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lin	
-	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, lin	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lin	
-	Number Street			_	
	City	State	ZIP Code		

	in this information to identify your countries.  Ashley Sade											
	otor 2				_							
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF MISSISSIPPI									
Case number (If known)							Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:					
0	fficial Form 106I					_	MM / DD/ Y		onowing date.			
	chedule I: Your Inc	ome				I		111		12/15		
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment	are married and not fili	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv mati	ing with on abou	you, incl t your spe	ude inforn ouse. If mo	nation about ore space is	your needed,		
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status  Employed  Not employed					☐ Employed ☐ Not employed					
		Occupation	Supervisor  Kroger Company									
	Include part-time, seasonal, or self-employed work.	Employer's name										
	Occupation may include student or homemaker, if it applies.	Employer's address	201 Lonnie Jenkins Drive Pearl, MS 39208									
		How long employed t	here? 12 year	rs			_					
Pai	t 2: Give Details About Mor	nthly Income										
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing		
	ou or your non-filing spouse have mo		ombine the informatio	n for all	empl	oyers for	that perso	on on the li	nes below. If	you need		
						For De	btor 1		btor 2 or ing spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2	,859.78	\$	N/A			
3.	Estimate and list monthly overt		3.	+\$		0.00	+\$	N/A				
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	2,8	59.78	\$	N/A			

Debt	tor 1	Ashley Sade Spann	_	Case	number ( <i>if known</i> )			
				For	Debtor 1		ebtor 2 or ling spouse	
	Cop	y line 4 here	4.	\$	2,859.78	\$	N/A	-
_								_
5.		all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	299.82	\$	N/A	_
	5b.	Mandatory contributions for retirement plans	5b.	\$_ \$	0.00	\$	N/A	_
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	* *	0.00	\$ 	N/A N/A	_
	5e.	Insurance	5e.	\$ 	73.67	\$	N/A N/A	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	_
	5g.	Union dues	5g.	\$_	47.67	\$	N/A	_
	5h.	Other deductions. Specify:	5h	+ \$_		+ \$	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	421.16	\$	N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,438.62	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			,			_
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						_
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	_
	8e.	Social Security	8e.	\$	920.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	_
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	920.00	\$	N//	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		3,358.62 + \$		N/A = \$	3,358.62
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L					,
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	3,358.62
							Combi	
13.	Do	ou expect an increase or decrease within the year after you file this form	?				monthi	ly income
		No.						
		Yes. Explain:						

ΞIII	in this informa	ition to identify yo	our case:					
	otor 1	Ashley Sade				Ch	eck if this is:	
		Asiney Gade	Оранн				An amended filing	
Deb	otor 2							wing postpetition chapter
(Sp	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bankr	ruptcy Court for the:	SOUTH	ERN DISTRICT OF MISS	SISSIPPI		MM / DD / YYYY	
	se number nown)							
0	fficial Fo	rm 106J						
S	chedule	J: Your I	Exper	ises				12/15
Be info	as complete a	and accurate as	possible eded, atta	If two married people a ch another sheet to this				
		ribe Your House	hold					
1.	Is this a joir							
	■ No. Go to □ Yes. <b>Doe</b>	o line 2. es Debtor 2 live i	n a separ	ate household?				
	ПΝ	0	•					
	□Y	es. Debtor 2 mus	t file Offici	al Form 106J-2, Expense	s for Separate House	hold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
۷.	Do not list D Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Debioi 2.			odon dopondona	Dobtor 1 or Dobtor	_	ugo	
	Do not state						•	□ No
	dependents	names.			daughter		2	■ Yes
					doughtor		9	□ No
					daughter			■ Yes
					con		12	□ No
					son		13	■ Yes
								□ No □ Yes
3.	Do your ext	oenses include	_					⊔ Yes
٥.		f people other th	าลท	No				
	yourself and	d your depender	nts? ⊔	Yes				
Par	t 2: Estim	ate Your Ongoir	na Monthi	v Fynenses				
Est exp	imate your ex	cpenses as of yo	our bankr	uptcy filing date unless				apter 13 case to report of the form and fill in the
the		h assistance and		government assistance luded it on <i>Schedule I:</i>			Your exp	enses
,51		,						
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgage	4.	\$	830.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	· ·	0.00
		-		ıpkeep expenses		4c.	\$	0.00
		owner's associat				4d.	·	0.00
5.	Additional r	mortgage payme	ents for yo	our residence, such as ho	ome equity loans	5.	\$	0.00

Debtor 1		Ashley Sade Spann	Case num	ber (if known)	
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	320.00
	6b.	Water, sewer, garbage collection	6b.	\$	50.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	40.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	500.00
8.	Child	Icare and children's education costs	8.	\$	0.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	50.00
10.	Pers	onal care products and services	10.	\$	100.00
		cal and dental expenses	11.	\$	300.00
12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
		t include car payments.	12.	\$	80.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.		rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.	4.5	•	
		Life insurance	15a.	·	32.00
		Health insurance	15b.	·	0.00
		Vehicle insurance	15c.	·	100.00
		Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	4.0	•	
	Spec	•	16.	\$	0.00
17.		Ilment or lease payments:	170	Φ.	245.00
		Car payments for Vehicle 1	17a.	· -	345.00
		Car payments for Vehicle 2	17b.	·	0.00
		Other. Specify:	17c.	·	0.00
4.0		Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19		r payments you make to support others who do not live with you.		\$	0.00
10.	Spec		19.	Ψ	0.00
20		r real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income	
_0.		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
		Property, homeowner's, or renter's insurance	20c.	·	0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
		Homeowner's association or condominium dues	20e.	*	0.00
21		r: Specify:		+\$	0.00
۷٠.	Othic			ΙΨ	0.00
22.		ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	2,747.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,747.00
00	0-1-	data arram manthha nat Conner			,
23.		ulate your monthly net income.	00-	¢.	0.050.00
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	3,358.62
	230.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,747.00
	220	Cubtract your monthly ovnances from your monthly income			
	23C.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	611.62
		The result is your monuny her mounte.	200.	<u> </u>	
24.	For ex	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?			e or decrease because of a

Fill in this inform	ation to identify your	case:					
Debtor 1	Ashley Sade Spa	nn					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	Γ OF MISSISSIPPI				
Case number				☐ Check if this is an			
Official Form <b>Declarati</b>		ın Individua	l Debtor's Schedu	amended filing			
Declaration About an Individual Debtor's Schedules  it two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							

Sign Below

		- 1	A	u

Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,
	Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X	/s/ Ashley Sade Spann
	Ashley Sade Spann
	Signature of Debtor 1

Signature of Debtor 2

Date September 13, 2019

Date

Official Form 106Dec

Fill in	this information to identif	A AOIL CSSS.				
Debto	r 1 Ashley Sad	e Spann Middle N	lame	Last Name		
Debto	r 2 e if, filing) First Name	Middle N	lamo	Last Name		
` '	, 0,					
United	d States Bankruptcy Court fo	r the: SOUTHER	N DISTRICT OF M	/IISSISSIPPI		
Case (if know)	number n)		_			Check if this is an amended filing
	cial Form 107 ement of Financ	ial Affairs fo	or Individua	als Filing for E	Bankruptcy	4/1
nform	complete and accurate as ation. If more space is ne er (if known). Answer ever	eded, attach a separ				
Part 1	Give Details About Yo	ur Marital Status an	d Where You Liv	red Before		
I. W	hat is your current marita	status?				
	] Married					
	Not married					
2. D	uring the last 3 years, have	e you lived anywher	e other than whe	ere you live now?		
	No					
_	J Yes. List all of the places	s you lived in the last	3 years. Do not inc	clude where you live no	N.	
C	Debtor 1 Prior Address:		ites Debtor 1 ed there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
	lithin the last 8 years, did y and territories include Arizor					
	No					
	Yes. Make sure you fill o	ut Schedule H: Your	Codebtors (Officia	al Form 106H).		
Part 2	Explain the Sources of	of Your Income				
	id you have any income from	me you received from	n all jobs and all bu		t-time activities.	llendar years?
Fi	you are filing a joint case ar					
Fi						
Fi If	, ,					
Fi If	l No	Debtor 1			Debtor 2	
Fi If	l No	Debtor 1 Sources of ir Check all that	apply. (I	Gross income before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Find In	l No	Sources of ir Check all that	apply. (I	before deductions and	Sources of income	(before deductions and exclusions)

Debtor 1 Ashley Sade Spann Case							e number (if known)			
				Debtor 1				Debtor 2		
				Sources	of income that apply.		s income e deductions and sions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		dar year be December		■ Wages bonuses,	s, commissions, tips		\$27,840.00	☐ Wages, combonuses, tips	missions,	
				☐ Opera	ting a business			☐ Operating a l	ousiness	
5.	Include in and other winnings.  List each	come regard public benef If you are fili source and t	less of wheth it payments; ng a joint cas he gross inco	ner that inco pensions; re se and you h	me is taxable. Exa ental income; intel nave income that y	amples of rest; divid	ends; money colled yed together, list it d	alimony; child suppo	royalties; and btor 1.	curity, unemployment, I gambling and lottery
	☐ Yes.	Fill in the de	tails.							
				Debtor 1		0		Debtor 2		0
				Describe b	of income pelow.	each	s income from source e deductions and sions)	Sources of incomposition Describe below.		Gross income (before deductions and exclusions)
Pai	rt 3: Lis	t Certain Pa	yments You	Made Befo	ore You Filed for	Bankrup	tcy			
6.	Are eithe	Neither Deindividual puring the No.	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below 6 paid that cr not include	personal, for your filed cach creditor. Do n payments to	amily, or househo for bankruptcy, di or to whom you pai ot include paymer o an attorney for ti	umer dek Id purpos id you par id a total ints for do his bankr	e."  y any creditor a tota  of \$6,825* or more mestic support obliquetcy case.	al of \$6,825* or mor in one or more pay gations, such as ch	e? ments and th ild support ar	(8) as "incurred by an e total amount you alimony. Also, do
		* Subject	to adjustmen	t on 4/01/22	and every 3 year	s after th	at for cases filed on	or after the date of	fadjustment.	
	■ Yes.				e primarily consu for bankruptcy, di			al of \$600 or more?		
		■ No.	Go to line 7							
		□ Yes		ments for d	omestic support o			d the total amount y port and alimony. A		creditor. Do not nolude payments to an
	Creditor	's Name and	l Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	ayment for
7.	Insiders in of which y	iclude your r ou are an of	elatives; any ficer, director	general par , person in o	tners; relatives of control, or owner of	any gene of 20% or	eral partners; partner more of their voting		u are a gener y managing	al partner; corporations agent, including one for
	■ No □ Yes.	List all pavm	nents to an in	sider.						
		Name and			Dates of payme	ent	Total amount paid	Amount you still owe	Reason for	this payment

De	btor 1 Ashley Sade Spann		Cas	se number ( <i>if known</i> )						
8.	Within 1 year before you filed for bankrupt	cy, did you make any pa	yments or transfer a	any property on a	ccount of a de	bt that benefited an				
	Include payments on debts guaranteed or cos	signed by an insider.								
	■ No									
	Yes. List all payments to an insider									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment tor's name				
Pai	rt 4: Identify Legal Actions, Repossession	ns. and Foreclosures								
9.	Within 1 year before you filed for bankrupte. List all such matters, including personal injury modifications, and contract disputes.	cy, were you a party in a								
	■ No									
	☐ Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency		Status of the	e case				
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No. Go to line 11.		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?				
	☐ Yes. Fill in the information below.									
	Creditor Name and Address	Describe the Property	Describe the Property			Value of the property				
		Explain what happene	d			property				
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?									
	Yes. Fill in the details.	■ No □ Yes Fill in the details								
	Creditor Name and Address	Creditor Name and Address  Describe the action the creditor took  Date a								
				taken						
12.	Vithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a ourt-appointed receiver, a custodian, or another official?									
	■ No									
	☐ Yes									
Pa	rt 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankrup  ■ No	tcy, did you give any gif	ts with a total value	of more than \$60	0 per person?					
	Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$600 per person	Describe the gifts	Date the gifts Date the			Value				
	Person to Whom You Gave the Gift and Address:									
14.	■ No		ts or contributions	with a total value	of more than \$	6600 to any charity?				
	Yes. Fill in the details for each gift or con Gifts or contributions to charities that tot		u contributed	Dates	: VOII	Value				
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	ai Describe what yo	u contributed	Dates contr	ibuted	value				
Pai	rt 6: List Certain Losses									
_										

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

			0/10/10 0.01/4/
Debtor 1 Ashley Sade Spann		Case number (if known)	
or gambling?			
■ No □ Yes. Fill in the details.			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for Include the amount that insurance has insurance claims on line 33 of <i>Schedul</i>	paid. List pending loss	Value of property lost
Part 7: List Certain Payments or Transfer		, ,	
16. Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	uptcy, did you or anyone else acting o		
<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>			
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not <sup>1</sup>	Description and value of any transferred You	y property  Date payment or transfer was made	Amount of payment
McRaney & McRaney Attorneys at Law 503 Springridge Rd Clinton, MS 39056	\$365 attorney fees; \$25 c and \$335 filing fee	redit report	\$725.00
17. Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	editors or to make payments to your cr		perty to anyone who
■ No			
Yes. Fill in the details.			
Person Who Was Paid Address	Description and value of any transferred	y property Date payment or transfer was made	Amount of payment
18. Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No	our business or financial affairs? rs made as security (such as the granting		
Yes. Fill in the details.  Person Who Received Transfer	Description and value of	Describe any property or	Date transfer was
Address	property transferred	payments received or debts paid in exchange	made
Person's relationship to you			
<ul> <li>19. Within 10 years before you filed for bank beneficiary? (These are often called asse</li> <li>■ No</li> <li>□ Yes. Fill in the details.</li> </ul>		to a self-settled trust or similar devic	e of which you are a
Name of trust	Description and value of the	property transferred	Date Transfer was made

Debtor 1 Ashley Sade Spann

Case number (if known)

Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Sto	rage Units			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	nt or Date account w closed, sold, moved, or transferred	vas Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any	y safe deposit box or othe	er depository for securities,		
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the contents	Do you still have it?		
22.	Have you stored property in a storage unit	or place other than your	home within 1 y	ear before you filed for b	ankruptcy?		
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)					
Par	t 9: Identify Property You Hold or Contro	I for Someone Else					
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.						
	■ No						
	Yes. Fill in the details.  Owner's Name	Where is the prop	ertv?	Describe the property	Value		
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, S Code)					
Par	t 10: Give Details About Environmental Inf	formation					
For	the purpose of Part 10, the following definit	ions apply:					
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these	the air, land, soil, surface	e water, groundv	•	•		
	Site means any location, facility, or propert to own, operate, or utilize it, including disp	•	environmental la	w, whether you now own	, operate, or utilize it or used		
	Hazardous material means anything an envhazardous material, pollutant, contaminant		as a hazardous v	waste, hazardous substar	nce, toxic substance,		
Rep	ort all notices, releases, and proceedings th	nat you know about, rega	rdless of when	they occurred.			
24.	Has any governmental unit notified you that	nt you may be liable or po	otentially liable ι	under or in violation of an	environmental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, S ZIP Code)		Environmental law, if know it	you Date of notice		

Del	otor 1	1 Ashley Sade Spann			Case number (if known)				
25.	Have	you notified any governmental unit of	any release of hazardous material?						
		No							
		Yes. Fill in the details.							
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
26.	Have	you been a party in any judicial or adı	ministrative proceeding under any envi	roni	mental law? Include settlements a	nd orders.			
		No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
			·						
27.			tcy, did you own a business or have an	-	•	business?			
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	eith	er full-time or part-time				
		☐ A member of a limited liability comp	pany (LLC) or limited liability partnershi	ip (L	LP)				
		☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
		■ No. None of the above applies. Go to Part 12.							
		_							
			Describe the nature of the business						
	Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper	Do not include Social Security num  Dates business existed		number or ITIN.			
28.		Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
		No							
		Yes. Fill in the details below.							
	Nan	ne Iress	Date Issued						
		ber, Street, City, State and ZIP Code)	<del>* * *</del>						
Par	t 12:	Sign Below							
are t	true a a ba	nd correct. I understand that making a	nancial Affairs and any attachments, an false statement, concealing property, c \$250,000, or imprisonment for up to 20	or o	btaining money or property by fra				
		ey Sade Spann							
		Sade Spann e of Debtor 1	Signature of Debtor 2						
Dat	e S	eptember 13, 2019	Date						
Did	you a	ttach additional pages to Your Stateme	ent of Financial Affairs for Individuals F	Filin	g for Bankruptcy (Official Form 10	)7)?			
<b>=</b> N									
□ Y	'es								
Did ■ N		ay or agree to pay someone who is no	t an attorney to help you fill out bankru	ptcy	y forms?				
_		ame of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	on, a	and Signature (Official Form 119).				
Offic	fficial Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6								

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Debtor 1 Ashley Sade Spann Case number (if known)

Fill in this infor	mation to identify your c	ase:		
Debtor 1	Ashley Sade Span			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
			RICT OF MISSISSIPPI	
Officed States Ba	ankruptcy Court for the:	300THERN DIST	RICT OF MISSISSIFFI	_
Case number				
(if known)				☐ Check if this is an amended filing
If you are an ind creditors hav you have lease You must file th which on the If two married posign and	lividual filing under chap ve claims secured by you sed personal property ar is form with the court wi ever is earlier, unless the form eople are filing together nd date the form.	ter 7, you must fill r property, or d the lease has no thin 30 days after y court extends the in a joint case, bot e. If more space is		e date set for the meeting of creditors, ies to the creditors and lessors you list correct information. Both debtors must
. For any credit	elow.	t 1 of Schedule D:	Creditors Who Have Claims Secured by	• • • •
Identify the cr	reditor and the property th	at is collateral	What do you intend to do with the prop secures a debt?	perty that Did you claim the propert as exempt on Schedule C
Creditor's (	Credit Acceptance Cor	р	☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	<b>=</b>
Description of	f 2015 Dodge Charge	r 60,000	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property	miles		Retain the property and [explain]:	
securing debt	:		co-signer to continue paying	
Creditor's F	Family Choice Financi	a	☐ Surrender the property.	□No
name:	aiy Onoloo i manor	-	☐ Retain the property and redeem it.	LI NO
Description (	( FEN. )	50" I O	☐ Retain the property and enter into a	■ Yes
Description of	f 55" Vizio Smart TV, Smart TV, Amazon		Reaffirmation Agreement.	
property	Smarr IV Amazon	Tablet: 2 x	Retain the property and [explain]:	

property miles

securing debt:

Creditor's

Description of

Official Form 108

name:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

avoid lien using 11 U.S.C. § 522(f)

☐ Retain the property and redeem it.

☐ Retain the property and enter into a

Reaffirmation Agreement.

Retain the property and [explain]:

page 1

First Franklin Financi

PlayStation 4s, XboxOne

2009 Honda Accord 230,000

□ No

Yes

Debtor 1 Ashley Sade Spann	Case number (if known)				
securing debt:	Continue making direct payments	_			
Creditor's <b>Gm Financial</b> name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No			
Description of property securing debt:  2012 Nissan Altima 113,000 miles	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes			
Creditor's Usda Rural Development name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No			
Description of property securing debt:  485 Parker Dr. Byram, MS 39272 Hinds County	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes			
Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Un You may assume an unexpired personal property lease if t	expired leases are leases that are still in effect; t	he lease period has not yet ended.			
Describe your unexpired personal property leases		Will the lease be assumed?			
Lessor's name: Description of leased Property:		□ No			
Lessor's name: Description of leased Property:		□ No			
Lessor's name: Description of leased Property:		□ No			
Lessor's name: Description of leased Property:		□ No □ Yes			
Lessor's name: Description of leased Property:		□ No			
Lessor's name: Description of leased Property:		□ No			
Lessor's name: Description of leased Property:		□ No			
Part 3: Sign Below					

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Deb	otor 1 _	Ashley Sade Spann	Case number (if known)
X	Ashley	nley Sade Spann y Sade Spann ure of Debtor 1	XSignature of Debtor 2
	Date	September 13, 2019	Date

Fill in t	his information to identify your case:				directed in this form and	in Form
Debto	Ashley Sade Spann		122	2A-1Supp:		
Debtoi (Spouse				1. There is no pres	sumption of abuse	
United	States Bankruptcy Court for the: Southern Di	strict of Mississippi	'	applies will be r	to determine if a presun made under <i>Chapter 7 l</i>	
Case r	number n)			☐ 3. The Means Tes	ficial Form 122A-2).  t does not apply now be	
					y service but it could ap	ply later.
O. (				☐ Check if this is a	n amended filing	
	<u>cial Form 122A - 1</u>	_				
Cha	pter 7 Statement of Your	Current Mo	nthly Inc	ome		12/15
case nu qualifyir Part 1	What is your marital and filing status? Check of	ed from a presumptio Exemption from Presu	n of abuse becau	se you do not have pri	marily consumer debts of	r because of
_	Not married. Fill out Column A, lines 2-11.					
_	Married and your spouse is filing with you.		•	2-11.		
L	☐ Married and your spouse is NOT filing with	•	•			
	Living in the same household and are no			•		de de se condes
	Living separately or are legally separated penalty of perjury that you and your spouse living apart for reasons that do not include	are legally separate	ed under nonban	kruptcy law that appli	es or that you and your	
101( the 6	in the average monthly income that you received from (10A). For example, if you are filing on September 15, to months, add the income for all 6 months and divide the uses own the same rental property, put the income from	he 6-month period woul he total by 6. Fill in the re	d be March 1 throuesult. Do not include	igh August 31. If the am le any income amount n	ount of your monthly incom nore than once. For example	e varied during le, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	our gross wages, salary, tips, bonuses, over ayroll deductions).	time, and commiss	ions (before all	\$ 2,859.78	\$	
	<b>Ilimony and maintenance payments.</b> Do not in Column B is filled in.	clude payments fron	n a spouse if	\$ 0.00	\$	
<b>o</b> fr a	all amounts from any source which are regularly you or your dependents, including child sure om an unmarried partner, members of your hour not roommates. Include regular contributions from the distributions from the distributions from the distribution of the distrib	pport. Include regula sehold, your dependen a spouse only if Co	ar contributions ents, parents,	\$ 0.00	\$	
	let income from operating a business, profes					
			btor 1			
	Gross receipts (before all deductions)	\$ 0.00	_			
	Ordinary and necessary operating expenses	-\$ 0.00	_	Φ 0.00	¢	
	let monthly income from a business, profession,	· · ·	Copy here ->	\$	\$	
6. N	let income from rental and other real property		btor 1			
_	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00	_			
	let monthly income from rental or other real prop	·	Copy here ->	\$ 0.00	\$	
	,					

7. Interest, dividends, and royalties

0.00

\$

ebtor 1 A	shley Sade Spann			Case number	(if known)			
				Column A Debtor 1		Column B Debtor 2 or non-filing sp	pouse	
8. Unemp	ployment compensation			\$	0.00	\$		
Do not	enter the amount if you contend that the amount cial Security Act. Instead, list it here:	received was a bene	fit under					
For y	/ou\$	0.	00					
For y	our spouse\$							
benefit	on or retirement income. Do not include any amunder the Social Security Act.			\$	0.00	\$		
Do not receive	e from all other sources not listed above. Speinclude any benefits received under the Social Strate as a victim of a war crime, a crime against hur tic terrorism. If necessary, list other sources on a selow.	Security Act or paymer manity, or international	nts I or					
				\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
	ate your total current monthly income. Add lir blumn. Then add the total for Column A to the to		\$	2,859.78	+ \$			,859.78
art 2:	Determine Whether the Means Test Applies t	o You					income	
2. Calcula	ate your current monthly income for the year.	. Follow these steps:						
12a. Co	opy your total current monthly income from line 1	1		Сору	line 11 h	ere=>	\$2	,859.78
M	ultiply by 12 (the number of months in a year)						x 12	
12b. Th	ne result is your annual income for this part of the	e form				12b.	\$34	,317.36
3. Calcula	ate the median family income that applies to	you. Follow these step	os:					
Fill in th	ne state in which you live.	MS						
	·							
Fill in th	ne number of people in your household.	4						
To find	ne median family income for your state and size a list of applicable median income amounts, go form. This list may also be available at the bank	online using the link s		in the separa		13. tions	\$66	,729.00
4. How de	o the lines compare?							
14a.	■ Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, ch	eck box	1, There is r	o presum	ption of abuse		
14b.	Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2	, The pre	esumption of	abuse is (	determined by	Form 122	4-2.
rt 3:	Sign Below							
Ву	y signing here, I declare under penalty of perjury	that the information o	n this sta	atement and i	n any atta	chments is tru	e and corr	ect.
¥	/s/ Ashley Sade Spann							
Λ.	Ashley Sade Spann Signature of Debtor 1							
Date	September 13, 2019 MM / DD / YYYY							
lf :	you checked line 14a, do NOT fill out or file Forn	n 122A-2.						
If y	you checked line 14b, fill out Form 122A-2 and f	le it with this form.						

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Mississippi

In re	Ashley Sade Spann	• •	Case No.		
111.10	All the second s	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPI	ENSATION OF ATTOR	NEY FOR D	EBTOR(S)	
c	cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 ompensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be pai	d to me, for services	
	For legal services, I have agreed to accept		\$	1,265.00	
	Prior to the filing of this statement I have received	d	\$	365.00	
	Balance Due			900.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	The source of compensation to be paid to me is:				
	☐ Debtor ■ Other (specify):				
5. <b>I</b>	I have not agreed to share the above-disclosed com	npensation with any other person t	ınless they are mer	nbers and associates	of my law firm.
[	☐ I have agreed to share the above-disclosed compent copy of the agreement, together with a list of the n				law firm. A
6. I	n return for the above-disclosed fee, I have agreed to	render legal service for all aspects	of the bankruptcy	case, including:	
b c d	<ul> <li>Analysis of the debtor's financial situation, and rend</li> <li>Preparation and filing of any petition, schedules, state</li> <li>Representation of the debtor at the meeting of credital control of the debtor in adversary proceeding.</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the debtor in adversary proceeding.</li> </ul>	atement of affairs and plan which iters and confirmation hearing, and ags and other contested bankrupter reduce to market value; exeions as needed; preparation	may be required; d any adjourned he y matters;  mption planning	arings thereof;	filing of
7. E	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding.	fee does not include the following lischargeability actions, judic	service: cial lien avoidan	ces, relief from sta	y actions or
		CERTIFICATION			
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement for	payment to me for	representation of the	debtor(s) in
S6 Da	eptember 13, 2019  ate	Is/ Robert Rex Mc Robert Rex McRat Signature of Attorney McRaney & McRat 503 Springridge R Post Office Drawe Clinton, MS 39060 601-924-5961 Fax mcraneymcraneye Name of law firm	ney Jr 2808 ney load er 1397 c: 601-924-1516		